RECORD A PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH Warrentes



STATE OF MARYLAND CERTIFICATE OF DEATH

County 18076	300
Village or City Mewark (No. 7,0)	Registration Dist, No St.; [If death occurred is a hospital or institution,
2 FULL NAME Sichney N. C.	Adking give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, ORDIVERCED (Write the word)	16 DATE OF DEATH 10 - 14 , 1915 (Month) (Day (Year)
Auly 12 , 145 9 (Month) (Day (Year)	that I last saw h alive on 191
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in	Acute Cerdine Pelatation
which amplayed (or amplayer) BERTHPLACE (State or country) Massaland	Contributory Ar. my oce dit B. Secondary
O 11 BIRTHPLADE	(Signed) Marvels Linge, M. D.
(State or country) Musyland 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country) Musuland	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds. State yrs, mos ds Where was disease contracted.
(Intermant) Ames Makins	It not at place of death?
16 Stopes 16 1915 Whoever	newass les des de la particio del particio del particio de la particio del partic

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

N.B.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease eausing death—In with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichacvalvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Mcasles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name orlgin; "Can is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of death), 29 ds.; State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOVI 1915

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

BINDING

MARGIN RESERVED FOR

V. S. No. 1.

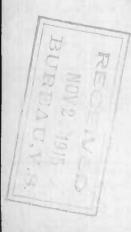
at of	1 PLACE OF DEATH 18077	STATE OF MARYLAND CERTIFICATE OF DEATH
HYSICIANS statement of	County County	Registration Dist. No. 3 5 4
Exact	VIIIage or City Stockers (No. No. No. No. No. No. No. No. No. No.	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
XA	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
stated E	Female Color or RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH October 15 (Month) (Day) (Year)
should be stated EXAC t be properly classified, f certificate.	6 DATE OF BIRTH OCA 18, 1895 (Month) (Day) (Year)	Sept. 26, 1915, to Och 5, 1915, that I last saw here alive on Och 5, 1915
AGE sho	7 AGE It LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 20 m. The CAUSE OF DEATH * was as follows:
supplied.	Trade, profession, or Housework	Pulmonary Tuberculosis
fully sur terms, struction	(b) General nature of industry business, or establishment in which emplayed (or employer)	(Ouralion) yrs. 4 mos. ds
care ee in	9 BIRTHPLACE (State or country) Maryland	Secondary (Burstlen) yre moe de
TO C	FATHER Alex. Allew	(Signed) John N. Nychelow, M. O. O. J. J. S. (Address) Stocklow, Md.
DE S	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER A OF MOTHER A	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
USE O	13 BIRTHPLACE OF MOTHER (State or country) Mayland	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
item of ir	(Informant) Alex Allers	if net at place of deeth? Former or usual residence
Every item of should state (OCCUPATIO	(Address) Stocktow, Jud.	Slocklow Start Cenulary 10/16/, 1915
B. E.	Filed 10/15, 1915 W Degree	Havevert Smark Slocklan Mid
Z	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House-—Coal nine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part mill; (a) Salesmon, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, c. g., Farmer or Plonter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question is provided for the latter statement; it should be used business or industry, and therefore an additional line tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully cer, Stationory fireman, etc. For persons who have no occupation whatever, Women at home, who are engaged in Locomotive engineer, But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths mus," "Old Age," "Shoek," "Uracmia," "Weakness." "Anaemia" (merely symptomatic), "Atrophy;" "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial to determine definitely. "PUERPERAL peritonitis," etc. birth or miscarriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver "Senile," etc.), "Dropsy," The contributory (secondary or intereuras "Puenperal septichicomia," Examples: Accidental drowning, State cause for which Never report mere "Exhaustion," ACCIDENTAL, to marion



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PHYSICIANS

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at _____ 1 day,....hrs. OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment In which employed (or employer) 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death State yrs. ____ mos. __ yrs. mos. ds. Where was disease contracted. If not at place of death? Former or osual residence. 19 PLACE OF BURIAL OR REMOVAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

Ilt death occurred le

a hospital or Institution give its NAME Instead of street and number.]

(Dav

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many cated thus: Farmer (retired 6 yrs.) For persons causing death, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonacum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Cannant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeeause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mallg-Measles (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion,"



PHYSICIANS A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK_THIS IS RESERVED MARGIN

1 PLACE OF DEATH

Villag	ge or City Drowstill md, No. ,	Registration Dist. No. St.; Ward) [If death occur a hospital or list give its NAME of street and nur
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE 2m	x. 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) 17 I HEREBY CERTIFY, That I attended deceased
	TE OF BIRTH July 26 h, 1872 (Month) (Day) (Year)	that I last saw h. Lalive on 10
7 AG	If LESS fhan 1 day	and that death occurred on the date stated above, at O. The CAUSE OF DEATH # was as follows:
par bus	CCUPATION) Trade, profession, or tricular kind of work) General nature of industry siness, or establishment in	apopley (right liemples
V	IRTHPLACE (State or country) Inouthie Mid	Contributory Myocorditi arterioscler Secondary Specific ??
	10 NAME OF John Brown	(Signed) Selvice Lord
RENTS	11 BIRTHPLACE (State or country) Woresaler 60 and	*State the DISEASE CAUSING DEATH, or, in deaths from VIOI CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN SUICIDAL OF HOMICIDAL.
PAR	of MOTHER Justan Promell	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN
14 T	13 BIRTHPLACE OF MOTHER (State or country) Worcester Go md HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place At place of deethyrsmosds. State,yrsmos. Where was disease contracted, if not et place of death?
	(informant) alice Brown	Former or usuel residence
15	(Address) Drowffice md	Baplis Cerulary Blanks
	ed 18/30, 1915 LEK By Suith	20 UNDERTAKER Stilliam Annother

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

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Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" on Nomenclature of the American Medical Association.) and consequences (e. g., scpsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles, Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... head—homicide; Poisoned by carbolic acid—probably cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valuular heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercur-Never report mere "Atrophy," ("Con-



1 PLACE OF DEATH

Vill	age or City	AME Thomas	96	olleies Ward)	[if death occorred in a hospital or institution, give its MAME instead of street and number.]
	PERSONAL	AND STATISTICAL PARTICUL	LARS	MEDICAL CERTIFICATI	E OF DEATH
3 \$	Mall 400	LOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	i i	16 DATE OF DEATH (Mont	
6 D	ATE OF BIRTH	may 26	1839		18 -//,191.5
7 A	GE 76	yrs. H. mos. Has.	(Year) if LESS than 1 day, hrs. OR min.?	and that death occurred on the date The CAUSE OF DEATH * was as fol	stated above, at
140	CCUPATION (a) Trade, profession, or particular kind of work (b) General nature of lod business, or establishme	ustry aurent AUV	ued 4 yes	Can he	Ehretie v
WK D					
-	which employed (ar emplo BIRTHPLACE (State or country)	Ofricesta Co		Contributory Secondary	n)moe
N W	BIRTHPLACE (State or country) 10 NAME OF FATHER	Hucesta Co Ambrose Co	llius	Contributory Secondary (Burallee (Signed))) yrs. moe (
RENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	Ofricestie Co Indrose Co Outrose Co	lluis Ces	Contributory Secondary (Buralles	1)) yrs. moe
PARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAM OF MOTHER 13 BIRTHPLACE OF MOTHER (State or coun	Ofricestin Co Indiana Co Intro Ofricester E Sallie Offi etry) Chriecty	Ces Les	Contributory Secondary (Signed) *State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; ST SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENCE) At piece of death	or, in deaths from Violent and (2) whether Accidental, LS, INSTITUTIONS, TRANSIENTS the
PARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAM OF MOTHER 13 BIRTHPLACE OF MOTHER (State or coun	Ofricestiv Co Sonbrose Co Sonbrose Co Sallie Offi	Ces Les Les	Contributory Secondary (Signed) *State the Diseass Causing Drath, Causes, state (I) Means of Injury; at Suicidal of Homicidal. 18 Length of Residence (for Hospital or Recent Residents) At place of death	or, in deaths from Violent and (2) whether Accidental, LS, INSTITUTIONS, TRANSIENTS the
PARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or coun of MOTHER OF MOTHER (State or coun factor) 12 MAIDEN NAM OF MOTHER (State or coun factor) 13 BIRTHPLACE OF MOTHER (State or coun factor)	Of recentive Construction of the Construction	Ces Lte Co	(Signed) Sceondary (Signed) State the Dispass Causing Drath, Causes, state (1) Means of Injury; at Suicidal of Homicidal. 18 Length of Residence (for Hospital Or Recent Residents) At piace in of desth yts. mes. ds. 3 Where was disease contracted, if not at place of deeth?	or, in deaths from Violent and (2) whether Accidental, Ls, Institutions, Transients the lists, yrs, moe.

STATE OF MARYLAND

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S. No. 1.

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AGE should be stated EXACTLY, PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS carefully supplied. may DEATH in piain terms, so that it m See instructions on back of certificate. of Information CAUSE OF Important.

1 PLACE OF DEATH	
County workershit	
Village or City Slovellon	_



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.3.

St.; Ward)

[it death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Donne	of Towardy

FULL NAME	oravery
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLORORRACE MARRIED, Wolowed, Wilder the word)	16 DATE OF DEATH (Month) (Dat (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h alive on, 191, 191
⁷ AGE It LESS than	and that desth occurred on the date stated shove, atm,
	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	meters che fugaciona
(a) Trade, profession, or June 1997	Bed bey fred
(b) General nature of industry,	don't know can
business, or establishment in	(Duratien) yrs. mos. ds.
which omployed (or omployer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
margina	(Duration) yrs mos. ds.
10 NAME OF FATHER	(Signed) We They ce M. R.
Jules Southerbuy	11/1/ 1- 11/10/1/
OF FATHER	11 1, 191 J. (Addross) Stockwarta
OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
OZ 12 MAIDEN NAME)	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, or HOMICIDAL.
a of MOTHER bles fanding	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	At place in the
(State or country) Maryland	ot death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Danies B S	it not at place of death?
(Informant)	usual residence
(Morress) Stocklun Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(AUDITESS)	Cle of the Carlo of 11/1/
11/11/11/11/11/11/11/11/11/11/11/11/11/	20 UNDERTAKER ADDRESS
Filed for filed for four for for for for for for for for for fo	11- NORTHER
PEGISTRAR	Hancock Thunck Stockburged
/ If more blanks are needed, address State Register	trar, 6 E. Franklin St., Raito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations applies to each and every person, irrespective of age tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state oecupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits eau be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease of persons eugaged in domestie service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. Statement of occupation-Precise statement of oeeupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichae etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection used not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Canture of the Americau Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion,"



1 PLACE OF DEATH should be stated EXACTLY. PHYSICIANS we properly classified. Exact statement of Ward) Village or City RECORD it may be properly classified. back of certificate. PERSONAL AND STATISTICAL PARTICULARS SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED PERMANENT OR DIVORCED 6 DATE OF BIRTH 250 (Month) (Day) (Year) it LESS than 7 AGE AGE 1 day, hrs OR min. ? that plain terms, so that See instructions on OCCUPATION
(2) Trade, profession, or carefully supplied IN particular kind of work (b) General nature of Industry business, or establishment in UNFADING which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF pe FATHER 2 WITH should important. DEATH S 11 BIRTHPLACE ENT OF FATHER (State or country PLAINLY. of information e CAUSE OF D 12 MAIDEN NAME Œ OF MOTHER very 13 BIRTHPLACE OF MOTHER (State or country) WRITE Every item of info should state CAUS OCCUPATION is 14 THE ABOVE IS (Informant) (Address' 15 8 REGISTRAR ż If more blanks are needed, address State Registrar

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL C	ERTIFICATE O	F DEATH	
16 DATE OF DEATH	(Month)	19/A,	1910 (Year)
that I last saw have all	FY, That I att	15/2	, 1918 , 191
Meningen	was as follow		
Contributory Secondary	(Ouration)	yrs. moo.	6 -
(Signed)		for Aile	2 1 , M
CAUSES, state (1) MEANS SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE OR RECENT RESIDENTS)	of Injury; and ((2) whether Accide	NTAL,
At place of death	In ths State,	yrs,mod	
19 PLACE OF BURIAL OR R	to And	OLEN 20	191J
20 UNDERTAKER		ADDRESS	,,1

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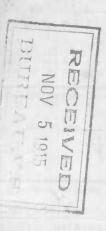
MARGIN

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile fuctory. The material worked on may form part of the second statement. Never return "Laborer," write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationory fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil For many accupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Architect, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

rent) affection need not be stated unless important. Example: Meastes (disease causing death), 29 ds.; Bronon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull heod-homicide; Poisoned by carbolic ocid-probably to determine definitely. Examples: Aecidental drowning; SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. ete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" chopneumonia (secondary), 10 ds. Never report mer symptoms of terminal conditions, such as "Asthenia, nephrilis, etc. The contributory (secondary or interenrcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... cause. Always qualify all diseases resulting from child-(name origin; "Cancer" is less definite; avoid use of " "Old Age," "Shock," "Uraemia," "Weakness," or miscarriage as "Puenperal septichaemia," by railway train-accident; Revolver "Dropsy," "Exhaustion," State cause for which Never report mere "Atrophy," wound of ("Con-



PHYSICIANS EXACTLY. RECORD PERMANENT G pplied 2 20 0 pino d E OF -Every item of in should state CAI OCCUPATION i

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" 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No If death occurred in Ward) a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED OR DIVORCED (Day) (Year) I HEREBY CERTIFY. That I attended deceased from If LESS than 7 AGE and that death occurred on the date stated above. 1 day. The CAUSE OF DEATH * was as follows: OCCUPATION. (a) Trade, profession, or ō particular kind of work (b) General nature of Industry (Ouration) Several business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE econdary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE RENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME OF MOTHER d 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER State,yrs.mos.ds. Where was disease contracted, if not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Poreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm labarer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Fracery; (a) Foremon, (b) Autoespecially in industrial employments, it is necessary to cian, Compositar, Architect, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physition is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever Women at home, who are engaged in At home. Care should be Locomotive engineer, Civil If retired from

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on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, and consequences (e. g., scpsis, telonus) may be stated suicide. surgical operation was undertaken. For violent deaths birth or misearriage as "Pterperal septichumia," "Puerperal peritonitis," etc. State cause for which head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," lapse," "Coma," "Anaemia" (merely symptomatic), "Atrophy," symptoms or terminal conditions, such as "Asthenia," nephritis, etc. The contributory (secondary or intercurcough; Chronic wheular heart disease; Chronic interstitial ges, peritonaeum, etc., Corcinoma, Sorcoma, etc., of chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Brourent) affection need not be stated unless important "Tumor" for malignant neoplasms); Meastes; Whooping (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull "Convulsions," "Debility" ("Con-Never report mere (Recommendations "Exhaustion," punon



V. S. No. 1.

RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. CAUSE OF m ż

1 PLACE OF DEATH STATE OF MARYLAND

Co	unty / 18084	CERTIFICATE OF DEATH
	1	Registration Dist, No.
Vil	lage or City Bestini (No. 900) 2FULL NAME Defaut of 6	St.; Ward) Stay Evaluation [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Male White Single, Wisower, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 17 1 MEREBY CERTIFY, That I attended deceased from
6 D	(Month) (Day (Year)	191 to 191 that I last saw h. alive on
	GE If LESS than 1 day,hrs. OR min. ?	and that death occurred on the date stated above, at
pa (b) bus wh	rticular kind of work. General nature of industry, siness, or establishment in ich employed (or employer) IRTHPLACE (State or country)	(Ouration) yrs mos ts. Contributory Secondary
ARENTS	10 NAME OF FATHER Clay, Evans. 11 BIRTHPLACE OF FATHER (State or country)	(Signed) Scale Systematics, M. D. Oct 4, 191 S. (Address) Beath, or, in deaths from Violent
PARI	13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME Allelie Novyen	CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place In the of deathyrsmosds
	(Informant) Clay Grant	Where was disease contracted, If not at place of death? Former or usual residence
16 Fil	(Address) 191 191 191 191 191 191 191	20 UNDEBTAKER ADDRESS TOTAL TOTAL ADDRESS TOTAL TOTA
	at more blanks are needed, address State Regis	tige, o E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Mauager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (0)

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ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LEXT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Seulle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Caneause of death approved by Committee on Nomenela. "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of State cause for For vio-



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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:/ Ward)	[1]

death occurred is a hospital or institution. give its NAME instead

MEDICA	L CERTIFICATE	F DEATH	
6 DATE OF DEATH	Oct.	22	, 1912
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CAUSES, state (1) MI	EANS OF INJURY; a	ind (2) whet	her Accide
	NCE (FOR HOSPITALS	, INSTITUTIONS	, TRANSIENT
18 LENGTH OF RESIDE OR RECENT RESIDENTS)		

Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) TAGE If LESS than 1 day.....hrs. mos..... OR min. ? уга..... 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country)

(Address).....

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE

(Intermant)

15

REGISTRAR

BEST OF MY KNOWLEDGE

If more blanks are needed, address State Register, & E. Franklin St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never retnrn "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (0)

Statement of cause of death—Name, first, the misease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

canse of death approved by Committee on Nomenclainjnry, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "l'uebreral peritonitis," etc. childbirth or miscarriage as "Iverpresal septichaemus," "Old Age," "Shock," "Uraemia," . "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease cansing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ctc., when a definite disease can be ascertained as the The contributory tctanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) State cause for For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD of information should be carefully sunnified DOE change to a control of information should be carefully sunnified DOE change to a control of the control of BINDING MARGIN RESERVED FOR V. S. No. 1.

Villa	ge or City Snow Hill (No.	Registration Dist. No. St.; Ward) [If death occur a hospital or Instigue its NAME is
<u> </u>	2 FULL NAME Balliam SICPha	of street and num
:	PERSONAL AND STATISTICAL PARTICULARS	- f
3 SE	nale white Single, Married, Widowed or Divorced (Write the word)	16 DATE OF DEATH (Month) (Day)
6 DA	Dec 14- 1871	that I last saw h a alive on Sch 2/1,
7 AG	11.9 1 day, hrs.	and that death occurred on the date stated above, at/
8/0	yrs / o mes ds. OR min.?	The CAUSE OF DEATH & was as follows: INCLUDING WILLIAM A INTEREST.
pa	rticular kind of work Arras Community	·
bu	siness, or establishment in	(Duration) yre. mos.
bu wi		Contributory Secondary
9 B	siness, or establishment in chick employed (or employer)	Contributory Secondary (Buration) yrs mos (Signed) Auctoria
9 B	siness, or establishment in hich employed (or employer) IRTHPLACE (State or country) 10 NAME OF FATHER Sidney B. Pormon 11 BIRTHPLACE OF FATHER (State or country) 12 State or country) 13 State or country)	Contributory Secondary (Buration)
bu wi	siness, or establishment in nich employed (or employer) IRTHPLACE (State or country) Manylan d 10 NAME OF FATHER Siding B. Tommon 11 BIRTHPLACE OF FATHER (State or country) Manyland 12 MAIDEN NAME OF MOTHER Many & Snefficial	(Signed) (Signe
ARENTS 86	siness, or establishment in hich employed (or employer) IRTHPLACE (State or country) 10 NAME OF FATHER Sidny B. Immon 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Signed) (Signed) (State the DISEASE CAURING DEATH, or, in deaths from Viole CAURES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT SUICIDAL OF HOMICIDAL 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS) At place In the get death yre. mos. ds. State, yrs. mos.
PARENTS	siness, or establishment in hich employed (or employer) IRTHPLACE (State or country) 10 NAME OF FATHER Siding B. Primon 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER MAIDEN NAME OF MOTHER MAIDEN NAME OF MOTHER MAIN & Sichhail 13 BIRTHPLACE	Contributory Secondary (Buration)
PARENTS	siness, or establishment in nich employed (or employer) IRTHPLACE (State or country) 10 NAME OF FATHER Siding B. Immon 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Dany B. Sichhail 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 BIRTHPLACE OF MOTHER (State or country) 17 BIRTHPLACE OF MOTHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country) 19 BIRTHPLACE OF MOTHER (State or country)	Contributory Secondary (Buration)

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from engaged in domestic service for wages, as Servant, Cook wife, Housewark, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day labarer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Gracery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfulwrite Nane. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be "Foreman," "Manager," "Dealer," etc., business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compasitor, Architect, Locomotive engineer, Civil engineer, Statianary fireman, etc. But in many cases, For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever without more The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dephtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid pneumonia," Labar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

mus, and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Paisaned by carbolic orid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerpenal peritonitis," etc. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraamia," "Weakness," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valuatar heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of.... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." birth or miscarriage as "Puerperal scritichaemia," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the lapse," "Coma," "Anaemia" (merely symptomatic), Example: Meastes (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of by railway train-accident; Revolver The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Convulsions," "Debility" ("Con-State cause for which Never report mere (Recommendations "Atrophy," wound of



S. No. 1.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECORD UNFADING INK-THIS IS A PERMANENT WRITE PLAINLY, WITH

1 PLACE OF DEATH County Moreisler

18087

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3555

Village or City (No	St.; Ward) [If death occurred is a hospital or institution, give its NAME instead
FULL NAME ACOU- MU	as Surely of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9 SEX 4 COLOR OR RAGE MARRIED, WIDOWED, WIDOWED, WIDOWED, Wilde the word)	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended decessed from
Opr 16 785,0 (Month) (Day (Year)	9-27- 1915 to 10-1- 1915, that last saw han alive on 10-1 1915
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or farticular kind of work.	appling
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouraflon) yrs mos ds.
9 BIRTHPLACE (State or country)	Secondary Chr. Lefturilis
FATHER John Jumby	(Signed) (Ooration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER Short 13 BIRTHPLACE OF MOTHER (State or country) Alelawars	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place in the of death yrs, mos, ds.
(Informant)	Where was disease contracted, If not at place of death? Former or usual residence
(Address) f3lslm Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Fled Cer 2 1915 - WH Holloway	20 UN DERTAKER ADDRESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the honsehold only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," engincer,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can by curbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIPAL, OF HOMICINAL, OF as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) tctanus) may be stated under the head of Measics (disease causing death), 29 ds.; (Recommendations on statement of State cause for "Exhaustion," For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B. ż

1 PLACE OF DEATH County Warcester 1 2FULL NAME.....

18088

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.....Ward)

[If death occurred In a hospital or institution, give its NAME instead of street and number.]

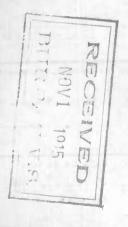
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
G DATE OF BIRTH 4 COLOR OR RACE AMARRIED, WIDDWED, ORDIVORCED (Write the word)	18 DATE OF DEATH (Mouth) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191), to Cof1, 1913.
7 AGE (Month) (Day (Year) 1 day,hrs. yrs	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Ouration) yrs mos ds.
10 NAME OF FATHER Lower Lloarmon 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF OF MOTHER OF MOTHER	Contributory Secondary (Duration) yrs mos ds. (Signed) , 191. (Address) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
of MOTHER Case Jaylas 13 BIRTHPLACE OF MOTHER (State or country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Country Case (Informant) Case (Infor	TAL, SUICIDAL, OF HOSTICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in the of death
(Address) Bulin R. H.D. 16 Filed Of 17-, 1915 Whaleoway REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PARTICIPATION ADDRESS ADDRESS ATT, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. cated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many oecupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medicai Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of State cause for For vio-



PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT classified. properly supplied. pe UNFADING msy 0 0 back terms. should pisin Instructions Informstion = DEATH 0 Every Item CAUSE OF Importent.

Very state

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. fif death occorred in St :----Ward) a hospital or lostitution. give its NAME lestead at street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. SEX 4 COLOR OR RACE MARRIED, WIDDWED. (Month) (Day (Year) Write the word) I HEREBY CERTIFY, That I attended deceased from 3 (Month) (Day (Year) TAGE If LESS than 1 day,hrs. OR mie. ? BOCCUPATION (a) Trade, profession, or particular kind of work. b) General nature of industry. business, or establishment in which employed (or employer) Contributory State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL. SUICIDAL. OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country ot death yrs. mos. State Where was disease contracted. if oot at place of death?... Former or usual residence 19 PLACE OF BURIAL OB REMOVAL DATE OF BURIAL 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home, Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second It should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman."

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

oma. Sarcoma. etc., of ______ (name origin; "Can-ter" is less definite; avoid use of "Tumor" for mails. cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis,", etc. childbirth or miscarriage, as "Turrement septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms) ; Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nophritis Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of (secondary or intercurrent "Dropsy," "Exhaustion," death), 29 ds. State cause for Never report Examples: For vio-20



PLACE OF DEATH County Worcrotto 18090 Village or City Snow Held (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 357 St.; Ward) St.; Ward) File death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5 SINGLE, MARRIED, Mom & OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That attended deceased from
TAGE OMOnth OMonth	that I last saw h imalive on Det 70 ,1915, and that death occurred on the date stated above, at 2. A. m. The CAUSE OF DEATH * was as follows: Ty florid fever
10) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Wor J. Holland	(Buration) yre. mos. 19 ds. Contributory Secondary (Buration) yrs. mos. ds. (Signed) Advance Management of the secondary o
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DISHASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF MURY; and (2) whether ACCIDENTAL, SULCIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs
(Address) State Begistrar. If more blanks are needed, address State Begistrar.	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 10 P. CEnsyly Snow Hill Clef. 22, 191.5 20 UNDERTAKER ADDRESS W. T. HEART Snow Hill 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Lahorer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, engaged in domestic service for wages, as Servont, Cook taken to report specifically the occupations of persons mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, applies to each and every person, prespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever Stationary freman, etc. But in many cases, ete. The material worked on may form part If the occupation has been changed Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," under the head of "Contributory." and consequences (c. g., sepsis, tetanus) may be stated nins, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Hemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Never report mer symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephratis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. " "Old Age," "Shock," "Uracmia," "Weakness," or miscarriage as "Puenperal septicharmia," by railway train-accident; Revolver The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," The contributory (secondary or intercur-State cause for which Never report mere (Recommendations "Exhaustion, wound of



ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very stated EXACTLY. carefully supplied. AGE should be sight that it may be properly classified. certificate. AGE should be of information should be c DEATH in plain terms, so See instructions on back of CAUSE OF Important. S

RECORD

PERMANENT

4

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

S. No. 1.

ż

1 PLACE OF DEATH

18091



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME Instead

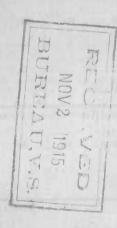
FULL NAME Oths Hollan	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Polored Single, MARRIEO, WIDOWED, ORDINDREED	16 DATE OF DEATH October 17, 1915 (Month) (Day (Year)
6 DATE OF BIRTH Mchy 7 19/5	17 I HEREBY CERTIFY, That I attended deceased from OCA
(Month) (Day (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at 4
yrs	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	Gasho-enteritie
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duratien) yrs mos 21 ds.
9 BIRTHPLACE (State or country) Maryland	Secondary
10 NAME OF Edward Holland	(Signed) January (Duration) yrs mos ds.
of FATHER (State or country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES, state (1) AMEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES, state (1) AMEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES, state (1) AMEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES, state (1) AMEANS OF INJURY; and (2) Whether ACCIDENTIAL CAUSES, state (1) AMEANS OF INJURY; and (2) Whether ACCIDENTIAL CAUSES, state (1) AMEANS OF INJURY; and (2) Whether ACCIDENTIAL CAUSES, state (1) AMEANS OF INJURY; and (2) Whether ACCIDENTIAL CAUSES, state (1) AMEANS OF INJURY; and (2) Whether ACCIDENTIAL CAUSES, state (1) AMEANS OF INJURY; and (2) Whether ACCIDENTIAL CAUSES, state (1) AMEANS OF INJURY; and (2) Whether ACCIDENTIAL CAUSES, state (1) AMEANS OF INJURY; and (2) Whether ACCIDENTIAL CAUSES, state (1) AMEANS OF INJURY; and (2) Whether ACCIDENTIAL CAUSES, state (1) AMEANS OF INJURY; and (2) Whether ACCIDENTIAL CAUSES, state (1) AMEANS OF INJURY; and (2) Whether ACCIDENTIAL CAUSES, state (1) AMEANS OF INJURY; and (2) Whether ACCIDENTIAL CAUSES, state (1) AMEANS OF INJURY; and (2) Whether ACCIDENTIAL CAUSES, state (1) AMEANS OF INJURY; and (2) WHETHER CAUSES, state (1) AMEANS OF INJURY; and (2) WHETHER CAUSES, state (1) AMEANS OF INJURY; and (2) WHETHER CAUSES, state (1) AMEANS OF INJURY; and (2) WHETHER CAUSES, state (1) AMEANS OF INJURY; and (2) WHETHER CAUSES, state (1) AMEANS OF INJURY; and (2) WHETHER CAUSES, state (1) AMEANS OF INJURY; and (2) WHETHER CAUSES, state (1) AMEANS OF INJURY; and (2) WHETHER CAUSES, state (1) AMEANS OF INJURY; and (2) WHETHER CAUSES, state (1) AMEANS OF INJURY; and (2) WHETHER CAUSES, state (1) AMEANS OF INJURY; and (2) WHETHER CAUSES, state (1) AMEANS OF INJURY; and (2) WHETHER CAUSES, state (1) AMEANS OF INJURY; and (2) WHETHER CAUSES, state (1) AMEANS OF INJURY; and (2) WHETHER CAUSES, state (1) AMEANS OF INJURY; and (2) WHETHER CAUSES, state (2) AMEANS OF INJURY; and (3) AMEANS OF INJURY; and (4) AMEANS OF INJURY; and (4) AMEANS OF INJURY; and
(State or country) Maryland 12 MAIDEN NAME OF MOTHER Amanda Wilson	TAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Manyland	At place in the of death yrs mos ds State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intormant) Edward Holland	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Stockton, Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 10/18/, 1915 WO Haghe	29 UNDERTAKEN DORGE TO THE TOTAL CONTROL TO 1915
REGISTRAR If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Bailo., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are eugaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the bisease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foremau," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailesuch, if impossible to determine definitely. Examples: mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," theuia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sareoma, etc., of.... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. The coutributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds., "Seuile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of (secondary or intercurrent) (name origin; "Cun-Never report



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

V. S. No. 1.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Village or City I NAME Solden Har	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It deeth occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RAGE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH O, 191.5 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191, to
(Month) (Day (Year)	that I last saw here alive on Super 16 , 1915
TAGE it LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	Mazasusus
business, or establishment in which employed (or employer)	(Duretion) yrsmosds.
9 BIRTHPLACE (State or country)	Gontributory Secondary
10 NAME OF albert, Hacrwareh	(Signed) Phas to M. D.
Y 11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL OF MACRONICAL COLUMN ACCIDENTAL
2 12 MAIDEN NAME OF MOTHER	TAU, SOTOIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment) Albert Kaczmarek	Where was disease contracted, If not at place of death? Former or
-(Address) Baltulous	usual residence
16 FILE 3 195 MA Hoce on	Frontein Centery Old 1917
REGISTRAN	frism roge you Berling

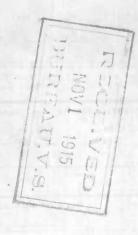
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: causing death, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, perilonaeum, etc., Carcine

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopnoumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State eause for



1 PLACE OF DEATH

County November 18093	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Bullion (No. 182) 2 FULL NAME William A Re	Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF OEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw base alive on 10 7 , 1915,
Poyrs. 10 mes. 3 ds. or min.?	and that death occurred on the date stated above, at the CAUSE OF DEATH * was as follows:
6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in	(Ouration) yrs mos ds.
9 BIRTHPLACE (State or country)	Contributory
10 NAME OF FATHER CONTON LELLEY 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEOGE (Intermant) Educated Helley	OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State, yrs. mos. ds. Where was disease confracted, if not at place of death? Formar or usual residence
(Address) Berlin Mel 15 Filed Mon 6 + 191 - Wolf Assessment REGISTRAD	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS
If more blanks are needed, address State Registrar,	N. Saratoga St., Balto., Requesting N. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factors. The material worked on may form part of the second and the control of the second and the second write Nonc. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. but in many cases, cian, Compositor, Architect, Locomotive engineer, Civil know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on statement of cause of death approved hy Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICINAL, or as probably such, if impossible birth or miscarriage as "Puerpenal septichuemia," "Puerpenal paritonitis," etc. State cause for which "Heart failure," "Hemorrhage," "Inanition, "Weakness," "Old Age," "Shock," "Uracmia," "Weakness," Struck state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths ete., when a definite disease can be ascertained as the "Anaenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. cough; Chronic vulvular heart disease; Chronic interstitio ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of.... symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Exhaustion," Never ACCIDENTAL, report mere important.





BUREAU OF VITAL STATISTICS FREDERIC V. BEITLER, M. D., CHIEF

State of Maryland

Bepartment of Wealth

SECRETARY, STATE DEPARTMENT OF HEALTH JOHN S. FULTON, M. D.

STATE BOARD OF HEALTH
DR. WILLIAM H. WELCH, PRES
DR. NATHAN R. GORTER
DR. EDGAR A. JONES
MR. JOHN E. GREINER
HON. EBGAR ALLAN POE
DR. WILLIAM W. FORD
DR. JOHN S. FULTON

16 W. SARATOGA STREET, BALTIMORE

hle. C. R. Laur Berlin, Mid JAN 29 1916

In the report of who died at	meath of William	R. Kelley
who died at Jack	in, Md on the	day of
	itted the following infor	
date of death	- Was it	Oct. 4
or nov. 4?		
It wo	s Oct 4-19.	5
	Chan,	

Kindly fill in and return to this office as soon as possible.

Very truly yours,

Chief.

In writing or signing certificates, if any facts are unobtainable, please do not leave the space blank, but write the word "UNKNOWN" in the proper space.

\$ \$ 4\$ Child?

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SO.	
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Co	1 PLACE OF DEATH	18094	STATE OF MAI CERTIFICATE O	F DEATH
Vii	tage or City Land	(No. 9)	Registration Dis	fif death accurred in
	PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE O	F DEATH
1	A WHO	RIEO, RIEO, RIEO, WORD. VIORCE Suring to the the word)	(Month) 17 I HEREBY CERTIFY, That	
	GE (Month) GE TO STATE OF THE S	(Day (Year) If LESS than 1 day,hrs. ORmin.?	The that destil occurred oil file date stated	
bu: wh	orticular kind of work General nature of industry, siness, or establishment in lich employed (or employer) IRTHPLACE (State or country)		Contributory Secondary	yrs mos d
	10 NAME OF FATHER ALL TO	1	(Signed) Dlan R. L	yrs mos d
PARENTS	10 NAME OF FATHER POLICY TO THE STATE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER CARALINE 13 BIRTHPLACE	Pording	(2)/ 12/	In deaths from Violent and (2) whether Acciden

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the additional line is provided for the latter statement; who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton milt; (a) Salesman, (b) it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civit engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persous As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

"Contributory." injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Accidentat drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. mere symptoms or terminal conditious, such as "As-Bronchopncumonia (seeondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (uame origin; "Can by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tctanus) may be stated under the head of Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations ou statement of For vio-



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PERMANENT UNFADING PLAINL

state SICIANS should OCCUPATION IS PHYSICIANS RECORD EXACTLY. proper Instructions pla 2 EATH PO mportant. Every 20

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in -Ward) a hospital or institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX. SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. 1912 WIDOWED, ORDIVERCED (Write the word) (Month) (Day (Year) HEREBY CERTIFY. That Pattended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE Secondary (State or country (Duration) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ... yrs. State yrs, ____ Where was disease contracted. It not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address). 15 20 UNDERTAKER ADDRESS Filed. REGISTRAR o receip

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially ln industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner; (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be Indl-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Meastes; Whooping cough; Chronie sepsis, tetanus) may be stated under the head mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of sknll, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senlle," ctc.), (Recommendations on statement of (disease causing death), 29 ds.: "Dropsy," State cause for "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 6 1015

MARGIN RESERVED FOR BINDING

Villag	ge or City Answertic and No.	Registration Dis	st. No. 50 /
1	2 FULL NAME. amanda. Morri	0	give its NAME ins of street and numb
par.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, MAURIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) 17 J. HEREBY CERTIFY: That I at	(Day) (Y
6 DA	Jan 31 - 1853 (Month) (Day) (Year)	10 8 15 ,191 , to 10 11 that I last saw here alive on 1019	0/15
7 AG	If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date sta The CAUSE OF DEATH * was as follow	and the state of t
X par	CCUPATION) Trade, profession, or dicular kind of work) General nature of industry	Myscarius Chronic Nephilis	
whi	siness, or establishment in ch employed (or employer) RTHPLACE (State or country)	Contributory Hemiplegia Secondary	yrs, mos
S	10 NAME OF James. In Collins	(Signed) EGW it (Buration)	yrsmos
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; and (SUICIDAL Or HOMICIDAL.	in deaths from Viole 2) whether Accinent
PA	13 BIRTHPLACE OF MOTHER (State or country) wor each lo ma	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS) Ai place In the of death	NSTITUTIONS, TRANS
	(Informant) The BEST OF MY KNOWLEDGE	if not et piece of deeth ? Former or usual residence	
15	(Address) Oronthee med	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
File	10/10, 1915 Tetor Smull	20 UNDERTAKER	ADDREBS

[Approved by U. S. Census and American Public Health

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in doinestic service for wages, as Servant, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer." etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Growry; (a) Foreman, (b) Autois provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Locomotive engineer,

Statement of Cause of Death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conhead-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. birth or miscarriage as "Puenperal septichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart diseose; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcomo, etc., of (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull "Dropsy," "Exhaustion," State cause for which Never report mere nound.



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

4	nty war escar	CERTIFICATE OF DEATH Registration Dist. No. 357
Villa	2 FULL NAME Bassie Purnell	St.; Ward) [If death occurr a hospital or institu give its NAME in- of street and numi
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, Director WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day)
6 DA	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased
	(Month) (Day) 19/15-	that I last saw h alive on 19
7 AG		and that death occurred on the date stated above. at
	9 W L C/L 1 day, hrs. or min.?	The dause of Death & was as follows:
8 0	GCUPATION 1) Trade, profession, or	hed no topy or ear
pa	rticular kind of work	702
bu	siness, or establishment in	(Buration) yra, mea
	ich employed (or employer)	Contributory
	(State or country)	Secondary
	10 NAME OF FATHER 4/	(Signed) (Ouration) yrs. mos.
S	11 BIRTHPLACE, /40lland	An Sh 1 Sandi
FN	OF FATHER (State or country) was under 5 mil	*State the Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Accidents, Suicidal or Homicidal.
00	OF MOTHER 191	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS
PARE		OR RECENT RESIDENTS)
Œ	OF MOTHER (State or country) working to make	At place in the
PAR	OF MOTHER	At place in the
PAR	(State or country) working to ma	At place in tha of deathyrsmos
PAR	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	At place in the of death
PAR	(State or country) wrecely make	At place in the of death yrs. mos. ds, State, yrs. mos. Where was disease contracted, if not at place of death? Former or usual residence

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Hausethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton write None. or given up on account of the disease causing death, taken to report specifically the occupations of persons employed, as At school or At home. Care should be "Forcinan," "Manager." "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Faremon, (b) Autois provided for the latter statement; it should be used Hausemail, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Plonter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa--Coal mine, etc. For persons who have no occupation whatever, etc. If the occupation has been changed Women at home, who are engaged in Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal cere (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telonus) may be stated head-homicide; Poisoned by carbalic Struck by roilway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichuemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anacmia" symptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull "Coma," (merely symptomatie), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or interenr-"Dropsy," "Exhaustion," Never report mere "Atrophy," acid-probably ("Con-



S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

18098

County Wor cealin



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

St.;----....Ward)

[It death occurred in a hospital or institution, give its NAME Instead of street and nomber.]

Village or City	Erush	ui mel	(3)
	0	ah MI	urnelf

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	EX COLOR OR RACE 5 SINGLE, MARRIED, MOUNT of WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Cocf 9 ,191 J
6 D	Month 28, 1881 (Month) (Day (Year)	that I last asw h alive on Cot 9 , 191 J
7 A		and that death occurred on the date stated above, at
X (a (b)	CCUPATION I) Trade, protession, or articular kind of work General nature of industry,	Congent
wh	siness, or establishment in Thausekeeper IRTHPLACE (State or country) Marsham	Contributory (Duration) yrs mos. ds.
TS	10 NAME OF FATHER LEWIS Phalland 11 BIRTHPLACE	(Signed) (Signed) (Address) Bulin Mol.
PARENTS	OF FATHER (State or country) Melyland 12 MAIDEN NAME OF MOTHER MASS. Thense	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA,
14 1	13 BIRTHPLACE OF MOTHER (State or country) Manfand THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place lo the of deathyrs,mosds Where was disease contracted,
	(Informant) Lynn Punell	It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fil	leder 11 + 1914 - Wh Hoeloway	Cedarlahapile Od-11, 1915
	If more blanks are needed address State Registra	Leurs Ovans Berlin
	\ / sale blands are needed, address State Regis	trar, 6 E. Frankiin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestle service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is nec-Scrvant, Cook, Housemaid, etc. If the occupation has minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

ture of the American Medical Association.) such, if impossible to determine definitely. Examples: nant neoplasms); Measles; Whooping cough; Chronic eause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of..... (name orlgin; "Canby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Ileart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Senile," cte.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-



V. S. No. 1.

stated EXACTLY. PHYSICIANS should state if. Exact statement of OCCUPATION is very A PERMANENT RECORD of information should be carefully supplied. ACE should be st DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE CAUSE OF Important. S N. B.

County Weesler 18099	STATE OF MARYLAND CERTIFICATE OF DEATH
Many B	Registration Dist, No. 355
Village or City Curshin (No. my	St.; Ward) St.; Ward) [If death occurred le a hospilal or institution, give its NAME inslead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Termal Black Single, Widower, Widower, Widower, Widower, Windower, Wind	(Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last aaw halive on
If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 10 m. The CAUSE OF DEATH* was as follows:
CCUPATION (a) Trade, profession, or particular kind of work	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Ourallon) yrs mos ds
10 NAME OF FATHER LAST Puruell	(Signed) And Carynave M.D. (Cet 9, 191. J. (Address) Bulai land
11 BIRTHPLACE OF FATHER (State or country) Many family 12 Mainten NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mary Love of	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) Al place In the of deathyrs,mosds.
(Informant)	Where was disease contracted, If not at place of dealh? Former or Usual residence.
(Address) Lerlin mel K /- Il	Peden Schable Of BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the "Mauager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has gaiufully employed, as At school or At home. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," engineer,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid disease.'); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

uant neoplasms); Measles; Whooping cough; Chronic childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uracmia," "Weakness," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the Amerlean Medical Association.) eause of death approved by Committee on Nomencla-"Coutributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICHINE, OF AS Productive LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "l'uerperal peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the "Ileart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations ou statement of "Exhaustion," Never report For Vio-



RECORD

PERMANENT

4

UNFADING

o

1 PLACE OF DEATH STATE OF MARYLAND Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No., Ilf death occurred in Ward) a hospital or Institution, give its NAME lostead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED, married WIDOWED, (Write the word) (Month) I HEREBY CERTIFY, That I sttended deceased from 6 DATE OF BIRTH Q. Qui (Day TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? encular meningitis 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. which employed (or employer) Mailcarrier Business, or establishment in (Duration) BIRTHPLACE Secondary (State or country) (Daratton 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SULCIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain ATH in plain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. __ DEATH State ___ Where was disease confracted. Sec If not at place of death?-Former or OF usual residence. mportant. Every It 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 , 1915 20 UNDERTAKER ADDRESS REGISTRAS

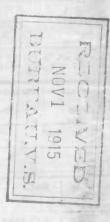
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "l'uerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Contheula," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ralvular heart disease; Chronic interstitial nophritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of (name origin; "Can-"Contributory." is less definite; avoid use of "Tumor" for malls. The contributory Always qualify all diseases resulting from Mcasles (disease causing "Senlle," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; "Exhaustion," For Vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

AGE should be stated EXACTLY.

S. No. 1. >

CAUSE OF DEATH in plain terms, s.

N. B.

1 PLACE OF DEATH Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should atate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

18101



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

...Ward)

[If death occurred la a hospital or institution give its NAME lostead of street and number.]

FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule 4 COLOR OR RACE 5 SINGLE, MARRIED, Married OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I hereby certify, That I attended decessed from
May 26 (Month) (Day (Year)	that I last saw h alive on, 191,
70 yrs 5 mos 21 ds OR min. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Ler southendune (Duration) yrs mas ds.
OF FATHER John J. Guilling 10 NAME OF FATHER John J. Guilling 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	Contributory Secondary (Buration) (Signed) (Signed) (Signed) (Address) (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where wes disease contracted, If not at piece of death?
(Interment) Charles towell (Address) Showells P. 7-, D. 16 Filed Of 3, 1915 W. Aseloway BEGISTRAD	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Laylorville md 20 ynbertaker Levelis. J. Elwans Rerlin md
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iddefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerferal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the ipus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. iffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-The contributory is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; "Exhaustion," Never report For Vio-



V. S. No. 1.

e carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS A AGE N. B.—Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it mi important. See instructions on back of certificate. WRITE PLAINLY, WITH Important.

1 PLACE OF DEATH	STATE OF MARYLAND
18102	CERTIFICATE OF DEATH
County	Registration Dist. No. 3
1. 1.	Registration Dist. No.
Village or City / What (No	St.; Ward) [if death occurred in a hospital or institution,
1 0 t 1 1 1	give its NAME instead of street and number.]
FULL NAME SULL BOTH	2 ho man back of street and nomost.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MARRIED, WIDOWED.	
Male While OPDIVORGED (Write the word)	(Month) (Day (Year)
DATE OF BIRTH	Oct / 191 to Oct / 1915
10/1 2 19/5	01/1
(Month) (Day (Year)	that I last saw hour alive on 1915
AGE II LESS fhan 1 dayhrs.	and that death occurred on the date stated above, at
yrsds. ORmin. ?	The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or	Danding barth
particular kind of work.	13 (2 mas)
(b) General nature of Industry, business, or establishment in	
which employed (or employer)	(Ourafion) yrsmosds.
9 BIRTHPLACE (State or country)	Contributory
Mil	(Duration) yrs mos ds
10 NAME OF FATHER	(Signed), Vor Holland 1. M. D.
O 11 BIRTHPLACE	10/0 - 19-1
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER A MAIDEN NAME OF MOTHER	191 J. (Address) Jellen J.
12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL,
a OF MOTHER Anne Baker	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of deafh?
(informant) John Rosers-	Former or
Market and	usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. tication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The questlon tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonla"); Lobar pneumonia; Bronchopneumonia ("Pneumonla," unqualified, is iudefinite): Tuberculesis of lungs, meninges, perilonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerpenal septichacture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State eause for canse. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report ample: Meusics (disease causing death), 29 ds.; affection need not be stated upless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of (name origin; "Can-The contributory (seeondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head (Recommendations on statement of For vio-



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

See instructions

CAUSE OF important,

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tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

properly classified.

AGE

RECORD

PERMANENT stated EXACTLY.

V. S. No.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.3

St.;....Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewall Color or RACE Single, Swider, Swider, Spiele, Widower, or Divorced (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH Oct 15 (Month) (Day (Year)	
TAGE If LESS than 1 day,hrs. yrsmos	and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows: No fly scan gong Recovery Death
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Grand Rawley 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME ()	(Signed) (Duration) yrs mos ds. (Signed) (Address) Stocklow full *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds Where was disease contracted, If not at place of death?
(Address) Stocklew Ind 15 Filed 10/20/1915 WO Pagel REGISTRAR	Former or usual residence. 19 PEACE OF BURIAL OR REMOVAL DATE OF BURIAL Slocklan Stand Conclary 10/21/, 1915. 20 UNDERTAKER Pacoley & Formule Slocklan med
If more blanks are needed, address State Regist	trar, 6 E. Frank in St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) State cause for



or.

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RECORD PERMANENT UNFADING INK-THIS IS PLAINLY, WITH

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very See Instructions CAUSE OF Important, 1

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 3

St.:---Ward)

[it death occurred in a hospital or institution, give its NAME Instead

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
355	Colored Single, Michael Married, Wichow Willowed, Ordivered (Write the word)	(Month) (Day (Year) 17 /I HEREBY CERTIFY, That I attended deceased from
TAC	(Month) (Day (Year)	that I lisst saw her alive on Och 26, 1916, and that death occurred on the date stated shove, at \$100 m.
	70 yrs. 5 mos 24 ds. 0R min.?	The CAUSE OF DEATH* was as follows:
(b) busi	OCCUPATION Trade, protession, or House Reeping Clicular kind of work Beneral nature of industry, iness, or establishment in the employed (or employer) House Reeping	Central heccording
ARENTS	10 NAME OF FATHER CLISHA TURNELLE 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME RTHPLACE (State or country) Manyland 12 MAIDEN NAME	Contributory Secondary (Signed) (S
Δ.	13 BIRTHPLACE OF MOTHER (State or country) Don't Knowledge THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted,
15	(Interment) Group Howevery (Address) Slocklan field ed 17 18 1915 Howevery REGISTRAR	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Struct Stockhow Cemetary 10 1991, 1915. 29 UNDERTAKER ADDRESS Towley Flurnice Stockhow and

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, ctc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tiou is very important, so that the relative healthfulbeen changed or given up on account of the disease Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

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oma, Sarcoma, etc., of..... (name origin; "Caucer" is less defiuite; avoid use of "Inmor" for maligvalvular heart disease; Chronie interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asaffection need not he stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae etc., when a defluite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanitlou," "Maras "Collapse," "Coma," "Convulsions," "Debillty" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or interenrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," may be stated under the head of (Recommendations on statement of etc.), "Dropsy," "Exhaustion," State cause for Never report



S. No. 1.

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state beat in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD A PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH -Every item of information should be CAUSE OF DEATH in piain terms, so Important.

STATE OF MARYLAND CERTIFICATE OF DEATH

Bul	Registration Dist. No.
FULL NAME Mary J. Slu	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tende While Single, Jung lee Write the word	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Date of Birth Alonth) Day (Year)	10- 1- 1915, to 10 - 26 - 1915, that I last saw the alive on 16 20 - 1915
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 930 Pm. The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work (b) General nature of industry,	Chr. Diffun rephritis
business, or establishment in which employed (or employer)	Contributory (Buration) yrs mos ds.
10 NAME OF John, Sturges	Secondary (Duration) yrs mos ds. (Signed) N. D.
11 BIRTHPLICE OF FATHER (State or country) 12 Main Monther OF MONTHER OF MONTHER OF MONTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mary Count	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds
(Informant) Take B. Hudson.	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Sorling, Mol. 16 Filed Den 22, 1915 UK Holloway REGISTRAN	19 PLACE OF BURIAL OR REMOVAL Best Angla Cometan Date of BURIAL 20 UNDERTAKER M. Burbogs Berling ADDRESS Berling
it more blanks are needed, address State Regis	ton, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations dnties of the household only (not paid Housekeepers statement. Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged lu the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease essary to know (a) the kind of work and also (b) Physician, Compositor, Archilect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tlou is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of ocenpa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persous (b) Colton mill; (a) Salcsman, "Laborer," "Foreman," cngincer, (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," ungnaified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL porilonitis," etc. State canse for childbirth or miscarriage as "Puerperal septichae canse. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report aant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligthree of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgleal operation was undertaken. ample: affection used not be stated unless important. valvular heart disease; Chronic interstitial nephrilis, oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tclunus) may be stated under the head of Meastes (disease causing death), 29 ds.; . (Recommendations on statement of For vio-



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1 PLACE/OF DEATH ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX SINGLE, MARRIED, 4 COLOR OR RACE WIDDWED OR DIVORCEO (Write the word) DATE OF BIRTH (Day (Year) (Month) 7 AGE It- LESS than hrs. 1 day. Yrs. (a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in which employed (or employer 9 BIRTHPLACE (State or country) 10 NAME OF FATHER RENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) KNOWLEDGE (informanf) (Address' 15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

......Ward)

If death occurred in a hospital or institution, give its NAME Instead of sfreef and number.]

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH (Month	t: 8", 1915 (Day) (Year)
17 /! HEREBY CERTIFY, That I	attended deceased from 1914
and that death occurred on the date	stated above, at 917 n
The CAUSE OF DEATH * was as follows:	ows:
a Shauit su	
(Duration)	yrs. mos. 17 d
Contributory Secondary	U L
(Signed) SMALLS (Address 10-4)	our lity
*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJUST; SD SUICIDAL OF HOMICIDAL.	or, in deaths from VIOLENT d (2) whether ACCIDENTAL,
18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place in 1 dasth yrs. mes. ds. St. Whers was disease contracted, If not at place of death?	
Former or usual residence	***************************************
Commas 60	DATE OF BURIAL
Mevenson Privs	ADDRESS Fores work

If more blanks are needed, address State Registrar, 16 W. Ssrstoga St., Batto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servont, Cook taken to report specifically the oeeupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line engineer, Stationary fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, The material worked on may form part If the occupation has been changed Architect, Locomolive engineer, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., scpsis, telanus) may be stated state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenelature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. SUICIDAL, or HOMICIDAL, or as probably such, if impossible cause. Always qualify all diseases resulting from ehildetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia, chopneumonia (seeondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intereurcough; Chronic valvular heart disease; Chronic interstilial Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping or misearriage as Examples: Accidental drowning; "Puerperal septichaemia," Never report mere



V. S. No. 1.

LY. PHYSICIANS Exact statement of	Village or City Focusers Se City Mod-	STATE OF MARY CERTIFICATE OF Registration Dist. N St.; Ward)	DEATH
pplied. AGE should be stated EXACT so that it may be properly classified. ons on back of certificate.	PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED OR DIVORCED (Write the word) 6 DATE OF BIRTH 7 AGE IT LESS than 1 day, hrs. OR min.? 6 OCCUPATION (a) Trade, profession, or Several Janse Your Against Age of Saraficular kind of work Several Janse Your	MEDICAL CERTIFICATE OF D 16 DATE OF DEATH (Month) 17 Mark St., 1915, to St. that I last saw h Malive on and that death occurred on the date stated of the CAUSE OF DEATH * was as follows:	217 , 1915, 217 , 1915,
ormation should be carefully suppl JSE OF DEATH in plain terms, so s very important. See instructions	10 NAME OF FATHER Savel Scarpet So, Md. 11 BIRTHPLACE OF FATHER State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWEDGE	(Signed) (Signe	ITUTIONS, TRANSIENTS,
N. B.—Every item of int should state CAU OCCUPATION IS	(Address) Portunate City Md. 15 Filed. 12 F., 191 Sharges Registran If more blanks are needed address State Registran	Halls. Hile mo	TE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servant, Cook, 6 yrs.). or given up on account of the disease causing death, wife, Housewark, or At Hame, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Fareman, only when needed. As examples: (a) Spinner, (b) Collon first line will be sufficient, e. g., Farmer or Planter, Physi--Caal mine, etc. precise specification as Day laborer, Farm laborer, Loborer business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil For many occupations a single word or applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question For persons who have no occupation whatever, Women at home, who are engaged in If retired from term on the (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Plerpenal septichaemia," cause. Always qualify all diseases resulting from childmus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," etc.), "Cropsy," "Exhaustion," "Heart failure," "H emorrhage," "Inanition," "Maraslapse," ges, perilonaeum, etc., Carcinomo, Sarcoma, etc., of..... head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the symptons or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Colchopneumonia Example: Meusles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whoaping (name origin; "Cancer" is less definite; avoid use of "Coma," (merely symptomatic), "Atrophy," ma," "Convulsions," "Debility" (secondary), 10 ds. The contributory (secondary or intercur-State cause for which Never report mere (Recommendations ("Con-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED MARGIN

V. S. No. 1.

1 PLACE OF DEATH

County Mreets 18108	STATE OF MA CERTIFICATE O Registration Di	OF DEATH
Village or City Mulber City (No	St; Ward)	[it death occurred in a hospitat or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RADE 6 SINGLE, MARRIED, MILWING WIOOWEO / WIOOWEO / WIOOWEO (Write the word)	16 DATE OF DEATH (Month)	/3 , 1915 (Day) (Year)
6 OATE OF BIRTH (Month) (Day) (Yest)	that I last saw her alive on As	tended deceased from 1915
If LESS than I day, hrs.	and that death occurred on the date st	ated above, at 430/m
B OCCUPATION (a) Irade, profession, or Jensey of particular kind of work	These hip fire	7
(b) General nature of industry business, or establishment in which employed (or employer)	Contributory Tugrene	yre.//z moe de
(State or country) Survivored Much.	Speendary (Burstion)	yrs. mos. 5 ds
FATHER WINIEL E. CLEMP	(Signed) (Signed) (Address) // Z	meter lately
OF FATHER (State or country) Thruston Co., The Co. I was a state of mother Co.	*State the DISEASE CAUSING DEATH, OF CAUSES, STATE (1) MEANS OF INJURY; and SUICIDAL OF HOMICIDAL.	in deaths from Vrolknt (2) whether Accidental,
13 BIRTHPLACE OF MOTHER (State or country) Arreston Co. The	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS) At place In the	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	,yramoa da
E TO (Informant) Machine & Stray Liv	Former or usual residence	
(Address) Promode lity las	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed 10/04, 191	20 UNDERTAKER Surveyory Bros	ADORESS Comments
If more blanks are needed, address State Registrar,		

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planler, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-"Foreman," "Manager," "Dealer," etc., without more know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, cte. If the occupation has been changed If retired from The question (b) Auto-

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suicide. The nature of the injury, as fracture of skull, state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations SUICIDAL, OF HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths birth or miscarriage as "PUERPEHAL septichaemia," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial on Nomenelature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck to determine definitely. Examples: Accidental drowning; "PUERPERAL perilonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Meastes; Whooping " "Old Age," "Shock," "Uracmia," "Weakness, by railway Always qualify all diseases resulting from ehild-The contributory (secondary or intercurtrain-accident; Revolver wound State cause for which Never report mere "Atrophy," "Col-"Exhaustion, ("Con-



S. No. 1.

15	PERSONAL AND STATISTICAL PARTICULARS
3 SE	COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR BIVORCED (Write the word)
9 DA	TE OF BIRTH (Month) (Day) 1913 (Year)
7 AG	
par	yrs. 3 mos. 24 ds. OR min.? CCUPATION) Trade, profession, or riscular kind of work
par (b bus wh	yrs. 3 mos. ds. OR min.? CCUPATION) Trade, profession, or riticular kind of work) General nature of lodustry siness, or establishment in ich employed (or employer) IRTHPLACE (State or country)
bu:	yrs. 3 mos. 22 ds. OR min.? CCUPATION) Trade, profession, or ricular kind of work) General nature of lodustry siness, or establishment in ich employed (or employer) IRTHPLACE (State or country)
(bushess)	yrs. 3 mos. 2 ds. OR min.? CCUPATION) Trade, profession, or ricular kind of work) General nature of lodustry siness, or establishment in ich employed (or employer) IRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER

191 4

18109

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

350 Registration Dist. No.

St.; Ward)

fit death occurred in a hospital or institution, give its NAME instead

	***************	ut street and number.
MEDICAL CERT	IFICATE O	F DEATH
16 DATE OF DEATH	Oct.	(Day) (Year
17 SI HEREBY CERTIFY,	That I att	
that I last saw h M alive	10. ~	191
and that death occurred on the CAUSE OF DEATH * wa	- 1 -	C Marie Control of the Control of th
- A		***************************************
Ispland	uie	············
	(Oursilon)	, yrs mos
Secondary Secondary	un f	mung -
(Signed)	4mh	large . "
*State the DISEASE CAUSIN CAUSES, state (1) MEANS OF I SUICIDAL OF HOMICIDAL.	G DEATH, or, i	n deaths from VIOLENT) whether Accidental,
18 LENGTH OF RESIDENCE (FOR OR RECENT RESIDENTS) At place	in the	
sf desth	State,	yrsmes
19 PLACE OF BURIAL OR REMO	VAL	DATE OF BURIAL
Good Will YM 20 UNDERTAKER	7	10/ J , 191 J
OHDERTAKER .		40DHE35

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autowrite None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day loborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part If the occupation has been changed

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15

WITH

WRITE

No.

v.

CAUSE

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PARENTS

15

9 BIRTHPLACE

(State or country)

11 BIRTHPLACE

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address).

OF FATHER (State or country)

10 NAME OF FATHER

state Very pinous OCCUPATION PHYSICIANS RECORD ō Exact statement PERMANENT EXACTLY. stated properly classifled. 4 UNFADING INK-THIS AGE supplied. may certificate. carefully that ŏ pe on back should PLAINLY, plain See Instructions Information 2 DEATH of 9 Item Important.

Wordster

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

1			Registration D
X			
Village or City Duow Hiel	(No	***********************	St.;War

[If death occurred in a hospifal or institution, give its NAME instead of street and number.]

2FULL NAME Charles Will	eler
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WIDOWED, Wordower (Write the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day (Year) (Month) (Day (Year) 1 tESS than 1 day,hrs. ORmin.?	that I last saw how alive on Oct / 2 ,1915 and that death occurred on the date stated above, at 7 9 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or parficular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Don't Record (Duration) yrs mos de

 Dec 4, 191 (Address) Decor Hiel, my
 *State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, OF HOMICIDAL.

(Duration)

-	18 LENGTH OF RESIDENCE (FOR H	OSPITALS,	INSTITUTIONS	, TRANSIE	NTS
-	Af place	in the			
- 1	of death vrs mos ds.	State	YES	mas	de

or douth territor	3100	11100 US.	01416	1104 beautiful	INO2	u
Where was dise	ease contrac	fed,				
If not at place	of death?					

Former or

Contributory Secondary

BURIAL OR REMOVAL

DATE OF BURIAL

20 MNDERTAKER

ADDRESS

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: ness. If retlred from business, that fact may be Indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precisc statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But iu many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meulngitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, Is Indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canetc., when a defiuite disease can be ascertained as the mns," "Old Age," "Shock," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (mcrcly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. "Contributory." sepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerreral septichae "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably snicidc. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "Uraemia," "Weakness," State cause for Never report



S. No. 1.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.

-5"	0	7	4	R
-6L	0	1	1	L

1 PLACE OF DEATH

STATE OF MARYLAND

County Warrester 8111	CERTIFICATE OF DEATH			
Village or City Ironshire (No. (1) 2FULL NAME Virginia	Registration Dist. No. St.; Ward) Ward) St.; Ward) William St.; Ward) A hospital or Institution, give its NAME instead of street and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWEO, ORDIVORCEO (Write the word)	16 DATE OF DEATH O			
(Month) (Day (Year)	10- 1915, to 191 that I last saw h 2 alive on 10-11-115			
7 AGE If LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at			
(a) Trade, profession, or particular kind of work	Brancho Prilimana (Ouration) yrs mos ds			
9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER GASSIE William	Contributory Constitution (Duration) yrs mos ds (Signed) Character M. D. M. D.			
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.			
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At piace in the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?			
(Informant) Gearge Mellin (Address) Fran Shire mel	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 9 Marshirl Colons tax Cat 13 1916			
Filed Och 13, 194 12. Aciloway REGISTRAR	20 UNDERTAKER ADDRESS Brar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			

[Approved by U. S. Census and American Public idealth Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease of persons engaged in domestie service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fieation as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that faet may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

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